UNITED STATES DISTRICT COURT

for the

E	stern District of Virginia
V. Solo Cup Company))) Case No.: 1:07-cv-897-LMB-TCI))

		BILL	or COSIS				
Judgment	having been entered in the	above entitled action on	08/26/2009 Date	against	Matthe	v A. Pec	juignot ,
the Clerk i	s requested to tax the follow	wing as costs:	Date				
Fees of the	e Clerk					\$	250.00
Fees for se	ervice of summons and subp	ooena					
Fees for p	inted or electronically reco	rded transcripts necessarily	obtained for use in	the case			10,334.84
Fees and d	isbursements for printing .						
Fees for w	itnesses (itemize on page two)						0.00
	emplification and the costs obtained for use in the case						
Docket fee	es under 28 U.S.C. 1923						
Costs as sh	nown on Mandate of Court	of Appeals					
Compensa	tion of court-appointed exp	erts					
Compensa	tion of interpreters and cost	ts of special interpretation s	ervices under 28 U.	S.C. 1828 .			
Other cost	S (please itemize)						
					TOTAL	\$	10,584.84
SPECIAL .	NOTE: Attach to your bill	an itemization and docume	ntation for requested	d costs in all	categories		
		Decl	aration				
services for in the following	declare under penalty of per which fees have been chawing manner: Electronic service Other:	rged were actually and nec		A copy of the			
s/	Attorney: /s/ Mohsir						
	Name of Attorney:	Mohsin Reza, Virginia S	tate Bar No. 7534	7			
For:		Solo Cup Company Name of Claiming Party			Date:	09	9/30/2009
		Taxatio	on of Costs		:	www.her www.	
Costs are t	axed in the amount of				and in	ıcluded i	n the judgment.
	Clerk of Court	By:	Deputy Cl	lerk			Date

UNITED STATES DISTRICT COURT

Witness Fees (computation, cf. 28 U.S.C. 1821 for statutory fees)							
	ATTEN	IDANCE	SUBSIS	STENCE	MIL	EAGE	Total Cost
NAME , CITY AND STATE OF RESIDENCE	Days	Total Cost	Days	Total Cost	Miles	Total Cost	Each Witness
		1 2.1					\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
			Ì				\$0.00
				· · · · · · · · · · · · · · · · · · ·	т	OTAL	\$0.00

NOTICE

Section 1924, Title 28, U.S. Code (effective September 1, 1948) provides:

"Sec. 1924. Verification of bill of costs."

"Before any bill of costs is taxed, the party claiming any item of cost or disbursement shall attach thereto an affidavit, made by himself or by his duly authorized attorney or agent having knowledge of the facts, that such item is correct and has been necessarily incurred in the case and that the services for which fees have been charged were actually and necessarily performed."

See also Section 1920 of Title 28, which reads in part as follows:

"A bill of costs shall be filed in the case and, upon allowance, included in the judgment or decree."

The Federal Rules of Civil Procedure contain the following provisions: RULE 54(d)(1)

Costs Other than Attorneys' Fees.

Unless a federal statute, these rules, or a court order provides otherwise, costs — other than attorney's fees — should be allowed to the prevailing party. But costs against the United States, its officers, and its agencies may be imposed only to the extent allowed by law. The clerk may tax costs on 1 day's notice. On motion served within the next 5 days, the court may review the clerk's action

RULE 6

(d) Additional Time After Certain Kinds of Service.

When a party may or must act within a specified time after service and service is made under Rule5(b)(2)(C), (D), (E), or (F), 3 days are added after the period would otherwise expire under Rule 6(a).

RULE 58(e)

Cost or Fee Awards:

Ordinarily, the entry of judgment may not be delayed, nor the time for appeal extended, in order to tax costs or award fees. But if a timely motion for attorney's fees is made under Rule 54(d)(2), the court may act before a notice of appeal has been filed and become effective to order that the motion have the same effect under Federal Rule of Appellate Procedure 4(a)(4) as a timely motion under Rule 59.

SOLO CUP'S REVISED COURT TRANSCRIPT COSTS

Date	Original Cost	Ordinary Transcript Rate (per page)	Pages	Revised Cost
07/02/2009 Invoice # 20090111 .pdf file of Judge	\$29.00	\$3.65	4	\$14.60
Brinkema's bench ruling 07/02/2009 Invoice # 20090112 .pdf file of motions hearing before Judge Brinkema	\$181.50	\$3.65	30	\$109.50
01/30/2009 Invoice # 20090020 .pdf file of hearing transcript before Judge Brinkema	\$217.80	\$3.65	36	\$131.40

SOLO CUP'S EXPEDITED FEES FOR TRANSCRIPTS

Deponent	ponent Expedited Fee		Total
	(per page)		Expedited Fee
Diehl	0.65	239	\$155.35
Invoice # EQ53559	(2 day expedited rate)		
Kuczma	0.75	235	\$176.25
Invoice # EQ54307	(1 day expedited rate)		
Banach	0.60	177	\$106.20
Invoice # EQ52801	(3 day expedited rate)		
Chauhan	0.60	0.60 128 \$	
Invoice # EQ52801	(3 day expedited rate)		
Healy	0.60	270	\$162.00
Invoice # EQ63015	(3 day expedited rate)		
Eveleigh	0.50	262	\$131.00
Invoice # EQ54985	(4 day expedited rate)		
Smith	0.45	0.45 309 \$13	
Invoice # EQ55018	(5 day expedited rate)	(5 day expedited rate)	
Smith	0.50	180	\$90.00
Invoice # EQ62798	(4 day expedited rate)		

TOTAL EXPEDITED FEES = \$1,036.65

Hodgson, Alissa

From: Sandi Mahan [SMahan@esquiresolutions.com]

Sent: Tuesday, September 29, 2009 2:56 PM

To: Hodgson, Alissa
Subject: Pequignot vs. Solo

Elissa -

This were taken in Chicago and charged at Chicago rates. The chart below shows the amount per page to expedite each transcript. This amount is a surcharge added to the regular \$2.80 per page for a video copy of a depo.

EQ53559 =	\$.65	2 day Video
EQ54307=	\$ <i>.</i> 75	1 day Video
EQ52801=	\$.60	3 day Video
EQ63015=	\$.60	3 day Video
EQ54985=	\$.50	4 day Video
EQ55018=	\$.45	5 day Video
EQ62798=	\$.50	4 day Video

If you have any further questions, please let me know.

Best regards,

Sandi Mahan Operations Manager

~~~~~

Esquire Solutions
An Alexander Gallo Company

1020 19th Street NW Suite 620 Washington, DC 20036 Telephone 202-429-0014 x 70028 FAX 202-296-8652 Toll Free 800-441-3376

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ROBERT UNIKEL ,ESQ.

CHICAGO, IL 60610

321 NORTH CLARK STREET

HOWREY LLP SUITE 3400



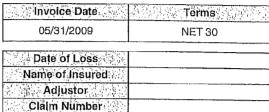
Telephone (202) 429-0014 Toll Free (800) 441-3376 Fax (866) 590-3205

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\$ 0.00

\$ 906.68

# Invoice # EQ53559



Tax:

Amount Due:

| Assignment  | Case                               | EQ File | Shipped    | Shipped Via |
|-------------|------------------------------------|---------|------------|-------------|
| 05/06/2009  | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 25928   | 05/08/2009 | F-P-0       |
| Description |                                    |         |            |             |

Copy Transcript of ROBERT DIEHL

Payment due in 30 days JOB LOCATION: CHICAGO, IL

Attorney is responsible for payment of all charges incurred, not their client.

| PLEASE NOTE: THE ABOVE AMOUN                                                                                      | T REFLECTS A 2-DAY EXPEDITE RATE             |                                      | Paid:                                                                      | \$ 0.00                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| THANK YOU                                                                                                         |                                              |                                      | Balance Due                                                                | \$ 906.68                                                                                                |
|                                                                                                                   |                                              |                                      | Payment Due:                                                               | 07/01/2009                                                                                               |
| Fax Number: 22-3779684                                                                                            |                                              | Afte                                 | r 07/16/2009 Pay This <i>I</i>                                             | Amount: \$ 997.35                                                                                        |
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| Company: Esquire - Washington DC<br>Involce Number; EQ53559<br>Involce Date; 05/31/2009                           | ☐ VISA<br>☐ MasterCard<br>☐ American Express | Amount Authorized Credit Card Number |                                                                            | Exp. Date                                                                                                |
| Balance: \$ 906.68<br>Due Date: 07/01/2009<br>Late Date: 07/16/2009                                               | ☐ Check Enclosed                             |                                      | Da                                                                         | aytime Phone Number                                                                                      |
| Late Amount: \$ 997.35                                                                                            | Please Make Check Payable to B               | Esquire                              | Print Name (as it appea                                                    | ars on your credit card)                                                                                 |
|                                                                                                                   | Remit to: Esquire                            | PO Box 1518, New Yo                  | Signature (as it appear                                                    | s on your credit card)                                                                                   |



ROBERT UNIKEL ,ESQ. HOWREY LLP

1299 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004



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\$ 0.00

\$ 0.00

\$ 1,475.20

### Invoice # EQ54307

| Invoice Date    | Terms  |
|-----------------|--------|
| 05/31/2009      | NET 30 |
| 3.4             |        |
| Date of Loss    |        |
| Name of Insured |        |
| Adjustor        |        |
| Claim Number    |        |

Tax:

Paid:

Amount Due:

|             | 1892                               | *            | 91.        |             |
|-------------|------------------------------------|--------------|------------|-------------|
| Assignment  | Case                               | Assignment # | Shipped    | Shipped Via |
| 05/07/2009  | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 50008        | 05/11/2009 | F-P-O       |
| Description |                                    |              |            |             |

Copy Transcript of LINDA KUCZMA

Attorney is responsible for payment of all charges incurred

We appreciate your business

Payment due in 30 days 1-DAY EXPEDITE

THANK YOU

| THANK YOU                                                                               |                                              |                                                                                               | Balance Due ;                                                                                       | \$ 1,475.20  |
|-----------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------|
|                                                                                         |                                              |                                                                                               | Payment Due:                                                                                        | 07/04/2009   |
|                                                                                         |                                              | After                                                                                         | 07/19/2009 Pay This Amount:                                                                         | \$ 1,622.72  |
| ax Number: 22-3779684                                                                   | Method of Paymen                             | de-card located bringing distinct beyond between passing bassing bassing between bringing de- | or mand before besser besser beind beder Elever beind steine besser sonne juppe besser sonne juster |              |
| Company: Esquire - Washington DC<br>Invoice Number: EQ54307<br>Invoice Date: 05/31/2009 | ☐ VISA<br>☐ MasterCard<br>☐ American Express | Amount Authorized Credit Card Number                                                          |                                                                                                     | Exp. Date    |
| Balance: \$ 1,475.20<br>Due Date: 07/04/2009<br>Late Date: 07/19/2009                   | ☐ Check Enclosed                             |                                                                                               | Daytime Phon                                                                                        | ne Number    |
| Late Amount: \$ 1,622.72                                                                | Please Make Check Payable to Es              | equire                                                                                        | Print Name (as it appears on your                                                                   | credit card) |
|                                                                                         |                                              |                                                                                               | Clanatura (as it appears an usur s                                                                  | andik an all |

Remit to: Esquire PO Box 1518, New York NY 10008-1518



JASON WHITE ,ESQ. HOWREY LLP SUITE 3400

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\$ 0.00

\$ 0.00

\$ 1,698.35

\$1,698.35

#### Invoice # EQ52801

|                 | GOMOO! |
|-----------------|--------|
| Involce Date    | Terms  |
| 05/29/2009      | NET 30 |
| Date of Loss    |        |
| Name of Insured |        |
| Adjustor        |        |
| Claim Number    |        |

Tax:

Paid:

Signature (as it appears on your credit card)

Amount Due:

Balance Due :

| Assignment :: | Case                               | EQ File | Shipped    | Shipped Via |
|---------------|------------------------------------|---------|------------|-------------|
| 05/21/2009    | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 25928   | 05/27/2009 | COURIER     |
| Description   |                                    |         |            |             |

Copy Transcript of MATTHEW BANACH Copy Transcript of RAJENDRA CHAUHAN

their client.

THANK YOU

Payment due in 30 days

Attorney is responsible for payment of all charges incurred, not

|                                                                                         | •                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Payment Due:                                                               |                  | 06/28/2009                                         |
|-----------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------|----------------------------------------------------|
| Fax Number: 22-3779684                                                                  |                                              | After                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | r 07/13/2009 Pay This                                                      | Amount:          | \$ 1,868.19                                        |
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| Company: Esquire - Washington DC<br>Invoice Number: EQ52801<br>Invoice Date: 05/29/2009 | ☐ VISA<br>☐ MasterCard<br>☐ American Express | Amount Authorized Credit Card Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                  | Exp. Date                                          |
| Balance: \$ 1,698.35<br>Due Date: 06/28/2009<br>Late Date: 07/13/2009                   | ☐ Check Enclosed                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ī                                                                          | Daytime Phone N  | lumber                                             |
| Late Amount: \$ 1,868.19                                                                | Please Make Check Payable to E               | squire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Print Name (as it app                                                      | ears on your cre | dit card)                                          |

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WASHINGTON, DC 20004

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Payment due in 30 days JOB LOCATION: CHICAGO, IL



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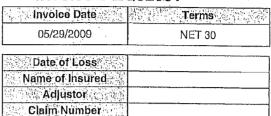
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\$ 0.00

\$ 0.00

\$ 1,167.75

### Invoice # EQ52801



Tax:

Paid:

Amount Due:

| Assignment  | Case                               | Assignment # | Shipped    | Shipped Via |
|-------------|------------------------------------|--------------|------------|-------------|
| 05/21/2009  | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 53803        | 05/27/2009 | COURIER     |
| Description |                                    |              |            |             |

Copy Transcript of MATTHEW BANACH Copy Transcript of RAJENDRA CHAUHAN

Attorney is responsible for payment of all charges incurred

PLEASE NOTE: THE ABOVE AMOUNT REFLECTS A 3-DAY EXPEDITE RATE

1299 PENNSYLVANIA AVENUE NW

| PLEASE NOTE: THE ABOVE AMOUN                                                      | I REPLECTS A 3-DAY EXPEDITE KATE                                                                               | •                                                                                      | Balance Due :<br>Payment Due: | \$ 1,167.75<br>06/28/2009 |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------|---------------------------|
| 'ex Number: 22-3779684                                                            | had Banda sanda Sadd bandi | Pairs beach lakker propert jaman speper Spront Sminel salvely bekend Smille Milled And | 07/13/2009 Pay This Ar        | mount: \$ 1,284.53        |
|                                                                                   | Method of Payme                                                                                                | nt                                                                                     |                               |                           |
| Company: Esquire - Washington DC Invoice Number: EQ52801 Invoice Date: 05/29/2009 | ☐ VISA<br>☐ MasterCard<br>☐ American Express                                                                   | Amount Authorized Credit Card Number                                                   |                               | Exp. Date                 |
| Balance: \$ 1,167.75<br>Due Date: 06/28/2009                                      | ☐ Check Enclosed                                                                                               |                                                                                        | Day                           | time Phone Number         |
| Late Date: 07/13/2009<br>Late Amount: \$ 1,284.53                                 | Please Make Check Payable to                                                                                   | Esquire                                                                                | Print Name (as it appear      | s on your credit card)    |
|                                                                                   | Remit to: Esquire                                                                                              | PO Box 1518. New Yor                                                                   | Signature (as it appears      | on your credit card)      |



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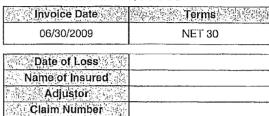
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\$ 0.00

\$ 0.00

\$ 2,120.70

### Invoice # EQ63015



Tax:

Paid:

Amount Due:

| Assignment // | Case                               | Assignment # | Shipped    | Shipped Via |
|---------------|------------------------------------|--------------|------------|-------------|
| 06/03/2009    | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 57557        | 06/09/2009 | F-P-O       |
| Description   |                                    |              |            |             |

Copy Transcript of KIMBERLY HEALY

We appreciate your business Attorney is responsible for payment of all charges incurred

Payment due in 30 days

3-DAY EXPEDITE

| THANK YOU                                                                               |                                              |                                                         | Balance Due :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | . \$ 2,120.70                                             |
|-----------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
|                                                                                         |                                              |                                                         | Payment Due:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 08/01/2009                                                |
|                                                                                         |                                              | After                                                   | 08/16/2009 Pay This Amou                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | unt: \$ 2,332.77                                          |
| ax Number: 22-3779684                                                                   | Method of Payment                            | s in the first teacher and a great and desired with the | ing the control of th | Control of the Control English of the Control English See |
| Company: Esquire - Washington DC<br>Invoice Number: EQ63015<br>Invoice Date: 06/30/2009 | ☐ VISA<br>☐ MasterCard<br>☐ American Express | Amount Authorized Credit Card Number                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Exp. Date                                                 |
| Balance: \$ 2,120.70<br>Due Date: 08/01/2009                                            | ☐ Check Enclosed                             |                                                         | Daytime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Phone Number                                              |
| Late Date: 08/16/2009<br>Late Amount: \$ 2,332.77                                       | Please Make Check Payable to Esc             | quire                                                   | Print Name (as it appears or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | your credit card)                                         |
|                                                                                         |                                              |                                                         | Signature (as it appears on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | your credit card)                                         |
|                                                                                         | Remit to: Esquire PC                         | D Box 1518, New Yor                                     | k NY 10008-1518                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                         |



ROBERT UNIKEL ,ESQ.

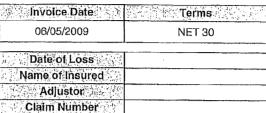
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### Invoice # EQ54985



Signature (as it appears on your credit card)

HOWREY LLP **SUITE 3400** 321 NORTH CLARK STREET Claim Number CHICAGO, IL 60610

| Assignment                                              | Case                                              | Assignment                                   | 2                                                                        | Shipped Via                                                                      |
|---------------------------------------------------------|---------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 05/22/2009 F                                            | PEQUIGNOT, MATTHEW A. vs. SOLO                    | CUP 53804                                    | 06/02/2009                                                               | F-P-0                                                                            |
| Description                                             |                                                   | North Special Action                         |                                                                          | Amount                                                                           |
| Copy Transcript of I                                    | DOUGLAS EVELEIGH                                  |                                              |                                                                          |                                                                                  |
|                                                         |                                                   |                                              |                                                                          | \$ 0.00                                                                          |
| CONDENSED                                               | TRANSCRIPT                                        |                                              |                                                                          | \$ 0.00                                                                          |
|                                                         | NSCRIPT - VIDEO                                   |                                              |                                                                          | \$ 828.30                                                                        |
| EXHIBITS                                                |                                                   |                                              |                                                                          | \$ 57.00                                                                         |
| LITIGATION S                                            | UPPORT CD-ROM                                     |                                              |                                                                          | \$ 20.00                                                                         |
|                                                         |                                                   |                                              |                                                                          | \$ 905.30                                                                        |
| DELIVERY - O                                            | THER                                              |                                              |                                                                          | \$ 33.78                                                                         |
|                                                         |                                                   |                                              |                                                                          | \$ 33.78                                                                         |
|                                                         | ## P74                                            |                                              | Tax:                                                                     | \$ 0.00                                                                          |
|                                                         | ayment of all charges incurred, not their client. |                                              | Amount Due:                                                              | \$ 939.08                                                                        |
| Payment due in 30 days<br>JOB LOCATION: CHICAGO, IL     | L                                                 |                                              | Paid:                                                                    | \$ 0.00                                                                          |
| PLEASE NOTE: THE ABOVE                                  | AMOUNT REFLECTS A 4-DAY EXPEDITE RATE             |                                              | Balance Due:                                                             | \$ 939.08                                                                        |
| THANK YOU                                               |                                                   | :                                            | Payment Due:                                                             | 07/05/2009                                                                       |
| lumber: 22-377968                                       | 4                                                 | After                                        | 07/20/2009 Pay This Amou                                                 | unt: \$ 1,032.99                                                                 |
| 50 다음의 환경에 들어가 들어서 보실이 되지 않지 않지 않다.                     | Method of Payment                                 | A STORY STORY MORNEY SOUTH STORY ASSOCIATION | ental nena huma hum limita nenel konst fishir nenel muni keral menel kil | out accord Statesh hamps Brayesh Brazesh Statesh Statesh Statesh Statesh Statesh |
| pany: Esquire - Washington<br>se Number: EQ54985        | DC MasterCard                                     | mount Authorized                             |                                                                          | Exp. Da                                                                          |
| e Date: 06/05/2009<br>ce: \$ 939.08<br>Date: 07/05/2009 | ☐ Check Enclosed                                  |                                              | Daylime                                                                  | Phone Number                                                                     |
| Date: 07/20/2009<br>Amount: \$ 1,032.99                 | Please Make Check Payable to Esquire              | e                                            |                                                                          |                                                                                  |
| THUMIL O LIVER.DO                                       | . loads mans official ayable to Esquire           | _                                            | Print Name (as it appears or                                             | your credit card)                                                                |

Remit to: Esquire PO Box 1518, New York NY 10008-1518



ROBERT UNIKEL ,ESQ.

r is ten



Telephone (202) 429-0014 Toll Free (800) 441-3376 Fax (866) 590-3205

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\$ 0.00

\$ 0.00

\$ 1,113.03

\$ 1,113.03

#### Invoice # EQ55018

1 Adapte

| Invoice Date    | Terms  |
|-----------------|--------|
| 06/05/2009      | NET 30 |
| Date of Loss    |        |
| Name of Insured |        |
| Adjustor        |        |
| Claim Number    |        |

Tax:

Paid:

Amount Due;

Balance Due ;

HOWREY LLP
SUITE 3400
321 NORTH CLARK STREET
CHICAGO, IL 60610

Ginment
Case
Name of Insured
Adjustor
Claim Number
Claim Number
Shipped

| Assignment  | Case                               | Assignment # | Shipped    | Shipped Via |
|-------------|------------------------------------|--------------|------------|-------------|
| 05/20/2009  | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 53802        | 06/01/2009 | F-P-0       |
| Description |                                    |              |            |             |

Copy Transcript of STEPHEN SMITH

Attorney is responsible for payment of all charges incurred, not their client. Payment due in 30 days JOB LOCATION: CHICAGO, IL

PLEASE NOTE: THE ABOVE AMOUNT REFLECTS A 5-DAY EXPEDITE RATE

THANK YOU

|                                                                                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Light transfer denoted that when your rate of the                                       |                                                                                           |
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| Fax Number: 22-3779684                                                                                          |                                              | After                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 07/20/2009 Pay This A                                                                   | Amount: \$ 1,224.33                                                                       |
| priorit Stravil Pricity Priorit Stravil | Method of Payment                            | THE SECOND PRINCE STATES SHOWN SHOWS SECOND SHOWS SECOND SHOWS SHOWN SHOWS SHOWN SHOWS SHOWN SHOWS SHOWN SHOWN SHOWS SHOWS SHOWN SHOWS SHO | on these manual beauty, business stational special pleased by-seed jumping passent bio- | red drovet housed houses known known skilled about states states based being bridge grand |
| Company: Esquire - Washington DC<br>Invoice Number: EQ55018<br>Invoice Date: 06/05/2009                         | ☐ VISA<br>☐ MasterCard<br>☐ American Express | Amount Authorized  Credit Card Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         | Exp. Date                                                                                 |
| Balance: \$ 1,113.03<br>Due Date: 07/05/2009                                                                    | ☐ Check Enclosed                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Da                                                                                      | ytime Phone Number                                                                        |
| Late Date: 07/20/2009<br>Late Amount: \$ 1,224.33                                                               | Please Make Check Payable to Es              | quire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Print Name (as it appea                                                                 | urs on your credit card)                                                                  |
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|                                                                                                                 | Remit to: Esquire Po                         | O Box 1518, New Yor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | k NY 10008-1518                                                                         |                                                                                           |

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filosopi.

Page 1 of 2

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#### Invoice # EQ62798

| Invoice Date    | Terms  |
|-----------------|--------|
| 06/30/2009      | NET 30 |
| Date of Loss    |        |
| Name of Insured |        |
| Adjustor        |        |
| Claim Number    |        |

ROBERT UNIKEL ,ESQ. HOWREY LLP 1299 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004

| :: Assignment | Case                               | Assignment# | Shipped    | Shipped Via |
|---------------|------------------------------------|-------------|------------|-------------|
| 05/21/2009    | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 55320       | 06/02/2009 | F-P-O       |
| Description   |                                    |             |            | Amount      |

Copy Transcript of STEPHEN SMITH

CONDENSED TRANSCRIPT COPY OF TRANSCRIPT - VIDEO EXHIBITS VIDEO LITIGATION SUPPORT CD-ROM ROUGH DISK \$ 0.00 \$ 0.00 \$ 903.80 \$ 63.75 \$ 50.00 \$ 20.00 \$ 280.80 \$ 1,318.35

#### CONTINUED ON NEXT PAGE ...

| ax Number: 22-3779684                                                                                                                                                                        | Method of Paymer                |                  | syste – Stron estrone pho | শ্ব ক্রেড়ে ক্রমণার মায়তের পর | 34-21TV 8F44-0 | den de servicio de | ארידי אראט קיידי | 3 <b>8</b> 578 9 'TG | terror faccora access to | tua meritikan | n particul                              | n wes       |   |
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| Company: Esquire - Washington DC<br>Invoice Number: EQ62798<br>Invoice Date: 06/30/2009<br>Balence: \$ 1,350.55<br>Due Date: 08/01/2009<br>Late Date: 08/16/2009<br>Late Amount: \$ 1,485.61 | ☐ MasterCard ☐ American Express | Credit Card Numb | ber                       |                                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                      |                          |               | Exp. D                                  | Date        |   |
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|                                                                                                                                                                                              | Please Make Check Payable to    | Esquire          |                           | Print Na                       | me (as         | it app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ears             | on yo                | ur credit                | card)         | *************************************** | <del></del> |   |
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|                                                                                                                                                                                              | Remit to: Esquire               | PO Box 1518, Nev | w York                    | NY 1000                        | 8-151          | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                      |                          | •             |                                         |             |   |

**SESQUIRE** 

Esquire - Washington DC 2700 Centennial Tower 101 Marietta Street Atlanta, GA 30303

ROBERT UNIKEL ,ESQ. HOWREY LLP

Late Amount: \$ 1,485.61

1299 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20004



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### Invoice # EQ62798

| Involce Date    | Terms  |
|-----------------|--------|
| 06/30/2009      | NET 30 |
| Date of Loss    |        |
| Name of Insured |        |
| Adjustor        |        |
| Claim Number    |        |

| Assignment  | Case                               | Assignment# | Shipped    | Shipped Via |
|-------------|------------------------------------|-------------|------------|-------------|
| 05/21/2009  | PEQUIGNOT, MATTHEW A. vs. SOLO CUP | 55320       | 06/02/2009 | F-P-O       |
| Description |                                    |             |            | Amount      |

DELIVERY - OTHER \$ 32.20 \$ 32.20

Tax: \$ 0.00 We appreciate your business Amount Due: \$ 1,350.55 Attorney is responsible for payment of all charges incurred Paid: Payment due in 30 days \$ 0.00 4-DAY EXPEDITE RATE Balance Due : \$ 1,350.55 THANK YOU Payment Due: 08/01/2009 After 08/16/2009 Pay This Amount: \$ 1,485.61 ax Number: 22-3779684

#### Method of Payment

Please Make Check Payable to Esquire

| Company: Esquire - Washington DC<br>Invoice Number: EQ62798<br>Invoice Date: 06/30/2009 | ☐ VISA<br>☐ MasterCard<br>☐ American Express | Amount Authorized Credit Card Number |                   | Exp. Date |
|-----------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|-------------------|-----------|
| Balance: \$ 1,950.55<br>Due Date: 08/01/2009                                            | ☐ Check Enclosed                             |                                      | Daytime Phone Num | ber       |

Print Name (as it appears on your credit card)

Signature (as it appears on your credit card)

Remit to: Esquire PO Box 1518, New York NY 10008-1518

059 0000062798 06302009 9 000135055 9 08012009 08162009 6 000148561 80

Court Name: EASTERN DISTRICT OF VIRGINIA Division: 1 Receipt Number: 180886203 Cashier ID: fcansler Transaction Date: 01/24/2008 Payer Name: (ROUTHAN SANDERS LLP

PRO HOC VICE For: TROUTHAN SANDERS LLP Case/Party: D-VAE-1-08-CR-PROHAC-001 Amount: \$150.00

CHECK Check/Honey Order Num: 435595 Amt fendered: \$130.00

Total Due: \$150.00 Total Tendered: \$150.00 Change Apt: \$0.00

07-UV-897

LAURA LYDIGSEN
JASON CHRISTOPHER WHITE
JANES R BOBIERAJ

Court Name: EASTERN DISTRICT OF VIRGINIA Division: 1 Receipt Number: 108086375 Cashier ID: feansler Transaction Date: 02/01/2006 Payer Name: TROUTHAN SANDERS LLP

PRO HUC VICE For: TROUTHAN SANDERS LLP Case/Party: D-VAE-1-08-CR-PROHAC-001 Amount: \$50.00

CHECK Check/Honey Order Num: 436992 Amt Tendered: \$50.00

Total Due: \$50.00 Total Tendered: \$50.00 Change Apt: \$0.00

87-CV-897 PROHAC

DOUGLAS H EVELEIGH

Court Name: United States District Court Division: 1 Receipt Number: 14683006382 Cashier ID: rbroaden Transaction Date: 86/03/2009 Payer Name: ROBERT UNIKEL

PRO HUC VICE
For: RUBERT UNIKEL
Case/Party: D-VAE-1-89-CR-PROHAC-001
Amount: \$58.80

CHECK Reuitter: TROUTNAN SANDERS Check/Money Order Num: 475583 Aut Tendered: \$50.00

Total Due: \$50.80 Total [endered: \$50.80 Change Ant: \$0.80

PRD HAC VICE 107CV897 RUBERT UNIKEL

Mar 05 08 04:23p Mo Coy Court Requiring 703 280 2077 McCoy Court Reporting Fax Coversheet,txt

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FAX COVERSHEET ----- PAGE 1 OF 2

Since 1967

**Notaries** 

McCoy Court Reporting Associates 8120 Little River Turnpike Annandale, Virginia 22003 Phone: (703) 280-4422 Fax: (703) 280-2077

E-mall: McCoyRptg@aol.com

DATE:

Mar. 5, 2008

TO:

Mary Zinsner, Esq. Troutman Sanders LLP

McLean, VA

atention: Paige

FAX NO.:

703.734.4340

RE:

TRANSCRIPT: M, PEQUIGNOT VS. SOLO CUPS CO.

INV. NO. 2008-0170

MEMO:

Enclosed please find my bill. The transcript that you ordered has been transcribed. I plan to deliver the transcript around noon time tomorrow and at the the same time pick up the the check for \$157.60.

Please give me a call if you have any question.

Best regards,

Mrs. Milley

(If all pages not received, please call us at: 703-280-4422.)

Since 1967

Notaries

# McCoy Court Reporting Associates



**8120 Little River Turnpike** Annandale, VA. 22003 Phone: (703)280-4422 Fax: (703)280-2077 o-mail: McCoyRptg@aol.com



(Tax ID 54-1044765)

703 280 2077

To:

MARY ZINSNER, ESQ. TROUTMAN SANDERS LLP

TYSON CORNER

1660 INTERNATIONAL DRIVE, Suite 600

McLEAN, VA 22102-3805 703.734.4363

Fax 734,4340

Ro:

MATTHEW A. PEQUIGNOT vs. SOLO CUP CO.

Case No. 1:07CV897

U.S. DISTRICT COURT, ALEXANDRIA

Taken on: Feb. 22, 2008 before Judge BRINKEMA Reporter: S. Cox

Invoice No.: 2008-0170tx Date: Mar. 5, 2008 Invoice No.: 2008-0170tx
(Terms) Payment in full upon completion of services/transcript. Attorney ordering same is responsible for payment. Late sharge of 245% per month after thirty days. If payment not received within reasonable time, costs for collection will be assessed. Thank you.)

ORIGINAL & 1 COPY OF ABOVE-PROCEEDINGS = = = = = =

\$ 8,00 DELIVERY FEE - -

TOTAL AMOUNT DUE - \$157.60

PLEASE NOTE: ORIGINAL WILL BE FILED WITH THE COURT BY THE REPORTER.

" Thank Hou"

P.S.: If you have any questions to this invoice or information contained hereon, please notify us immediately; otherwise, we shall assume that overything is correct as stated.

TROUTMAN SANDERS LLP

Vendor No. 16690 - McCoy Court Reporting Associates

Check No.440004

Check Desc:

Transcript of 2/22/08 court proceedings

Inv#

Inv. Date

Description

<u>Gross</u>

Discount

Net \$157,60

2008170

3/5/2008

\$157.80

PAYEE: McCoy Court Reporting Associates; REQUEST#; 214255; DATE: 3/5/2008, - Transcript of 2/22/08 court proceedings

157.80

Totals

\$157.60

\$157.60

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Wachovia, N.A. Valdosta, Georgia

Gridinal document printed on Gilenical Icautive paper with Midrokunted Border TROUTMAN SANDERS LLP

ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP
BANK OF AMERICA PLAZA
BOD PEACHTREE SYREET, N.E. SUITE 5200
ATLANTA, GEORGIA 30308-2218
Email: acciepayable@troutmansanders.com

The cocument contains heat generive ink. Touch or press here will have charmeans will have

No. 440004

64-976/612

Date

03/05/2008

6

One hundred fifty-seven and 60/100 DOLLARS

\$157.60

TWO SIGNATURES REQUIRED OVER \$ 1000.00 VOID AFTER 90 DAYS

TO THE MicCoy Court Reporting Associates

OF

ORDER 8120 Little River Tumpike Annandale, VA 22003

TROUTMAN SANDERS LLP

Vendor No. 12116 - Glerk U.S. District Court

Check No.475869

Check Desc:

Inv. Date

Description

Gross. \$52,00

Discount

Net \$62.00

Inv# 051909

5/19/2009

PAYEE: Clerk U.S. District Court; REQUEST#: 265832; DATE: 5/19/2009. CD Request order for hearing on May 13 and May 15, 2009

Totals

\$52.00

52,00 \$52.00

TROUTMAN SANDERS LLP

ATTORNEYS AT LAW

A LIMITED LIABILITY PARTNERSHIP BANK OF AMERICA PLAZA 600 PEACHTREE STREET, N.E. SUITE 5200 ATLANTA, GEORGIA 300308-2216 Emelk acctspayable@toutmensanders.com

No. 475869

84-975/612

Date 05/19/2009

Wachovie, N.A. Valdosta, Georgia

VOID

TO THE Clerk U.S. District Court

ORDER OF

\$52.00 TWO SIGNATURES REQUIRED OVER \$1000.00 VOID AFTER 80 DAYS

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Zir                                   | TORRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (703) 134-736                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6. 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| 4-TRACK CASSETTE RECORDS                             | ER AT 15/16 DICTIES PER SECON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| A044<br>(Rav. 11/07)                                                                                           |                        |                        | UNITI<br>FOR THE                      | ED STA                 | ATES I                 | DISTRICT<br>STRICT O   | COURT<br>F VIRG                                                                                                                                                                                                    | r<br>IINIA |                    |                  |  |
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|                                                                                                                | - to the second        |                        |                                       |                        |                        | 20000603               |                                                                                                                                                                                                                    |            | KS DVAVI           | F TO:            |  |
| Mary C. Zinsner Troutman Sanders LLP Suite 600 1660 International Drive McLean, VA 22102 Phone: (703) 734-4363 |                        |                        |                                       |                        |                        |                        | MAKE CHECKS PAYABLE TO:  Norman B. Linnell, RPR CM FCRR Official Court Reporter U.S. District Court - ED of VA 401 Courthouse Square - 7th Fl. Alexandria, VA 22314-5798 Phone: (703) 549-4626  Tax ID: 41-2142426 |            |                    |                  |  |
| CRI                                                                                                            | AINIAI                 | X' (                   | CIVE.                                 | DATEO                  | RDERED:                | 05-21-2009             | )                                                                                                                                                                                                                  | DATE       | DELIVEREDA<br>06-1 | 15-2009          |  |
| Case Style: C/<br>5/13&J                                                                                       |                        |                        | earings                               | befor                  | e Mag                  |                        | ·                                                                                                                                                                                                                  |            |                    | TOTAL            |  |
| ***************************************                                                                        | C                      | RIGINA                 |                                       |                        | 1ST CO                 |                        | PAGES                                                                                                                                                                                                              | ND CO      | SUBTOTAL           | CHARGES          |  |
| CATEGORY                                                                                                       | PAGES                  | PRICE                  | 3UBTOTAL<br>135.05                    | PAGES                  | PRICE.                 | SUBTOTAL               | FAGEO                                                                                                                                                                                                              | - Nan      |                    | 135.05           |  |
| Ordinary                                                                                                       | 37                     | 3.65                   | 100.00                                |                        |                        |                        |                                                                                                                                                                                                                    |            |                    |                  |  |
| 14-Day                                                                                                         |                        |                        |                                       |                        |                        |                        |                                                                                                                                                                                                                    |            |                    |                  |  |
| Expedited  Dally                                                                                               |                        |                        |                                       | ·                      |                        |                        |                                                                                                                                                                                                                    |            |                    |                  |  |
| Hourly                                                                                                         |                        |                        |                                       |                        |                        |                        |                                                                                                                                                                                                                    |            |                    |                  |  |
| Realtime                                                                                                       | _                      |                        |                                       |                        |                        |                        |                                                                                                                                                                                                                    |            |                    |                  |  |
| Misc. Deso.                                                                                                    |                        |                        |                                       | 1                      | L                      | <del></del>            |                                                                                                                                                                                                                    | мізс       | CHARGES:           |                  |  |
|                                                                                                                |                        |                        | · · · · · · · · · · · · · · · · · · · |                        |                        |                        |                                                                                                                                                                                                                    |            | TOTAL:             | 135.05           |  |
|                                                                                                                |                        |                        |                                       |                        |                        | LESS DISC              | OUNT F                                                                                                                                                                                                             | OR LAT     | E DELIVERY         |                  |  |
|                                                                                                                | ~                      |                        |                                       |                        |                        |                        |                                                                                                                                                                                                                    | TAX (      | lf Applicable):    |                  |  |
|                                                                                                                |                        | <del></del>            |                                       | 41                     |                        | L                      | ESS AM                                                                                                                                                                                                             | QUNT (     | OF DEPOSIT:        |                  |  |
| ·-                                                                                                             |                        |                        |                                       |                        |                        |                        |                                                                                                                                                                                                                    | TOT        | AL REFUND:         |                  |  |
|                                                                                                                |                        | r                      | ate Paid:                             |                        |                        | Amt:                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                              |            | TOTAL DUE:         | \$135.05         |  |
| for expedited to<br>ordinary deliver                                                                           | anscript i<br>ry rate. | rged onl<br>s not co   | y if the trans<br>mpleted and         | cript is o<br>delivere | lelivered<br>ed within |                        | eguirea u<br>elendar d                                                                                                                                                                                             |            |                    |                  |  |
| I certify that<br>Judicial Confer                                                                              | t the trans            | script fee<br>he Unite | es charged :<br>d States.             | and pag                | ge form                | TCATION<br>at used con | nply with                                                                                                                                                                                                          |            | ulrements of th    | ils court and th |  |

(All previous editions of this form ere cancelled and should be destroyed)

| AO44<br>(Rev. 11/07)                                                                  |                                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · · | UNIT                     | ED ST          | ATES C             | ISTRICT           | COUR    | Γ                        |              |                            |
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|                                                                                       | FOR THE EASTERN DISTRICT OF VIRGINIA  INVOICE NO: 2009011.1                                                                                                                                                                                                                          |                                       |                          |                |                    |                   |         |                          |              |                            |
|                                                                                       |                                                                                                                                                                                                                                                                                      |                                       |                          | INVO           | ICE NO:            | 70030TTT          | MAKE    | CHECI                    | KS PAYAB     | LE TO:                     |
| Mary C. Zinsner, Esq.  Anneliese J. Thomson, RDR, CRR                                 |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    |                   |         |                          |              | :                          |
| Troutman Sanders LLP United States Court Reporter                                     |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    |                   |         |                          |              |                            |
| 1660 International Drive United States District Court 401 Courthouse Square, 5th Flr. |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    |                   |         |                          |              |                            |
| Suite 600 McLean, VA 22102 Alexandria, VA 22314                                       |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    |                   |         |                          |              |                            |
| Phone: (703) 299-8595                                                                 |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    |                   |         |                          |              |                            |
| Tarrier (cam)                                                                         |                                                                                                                                                                                                                                                                                      |                                       | *                        |                |                    | FAX<br>Tax ID:    | 56-2516 | 99-8 <b>59</b> 4<br>5880 |              |                            |
| mary.zinsner@t                                                                        | routmans                                                                                                                                                                                                                                                                             | sanders.c                             | 200,                     | InateO         | RDERED;            | althomso.         | u@comes | ost, net                 | ELIVERED     | 50,000                     |
| ☐ CRIM                                                                                | /INAL                                                                                                                                                                                                                                                                                | X C                                   | CIVIL                    |                |                    | 07-02-2009        |         |                          | 07-          | 02-2009                    |
| Case Style: 1:0                                                                       | 0 <b>7C</b> ∨897<br>of Ju                                                                                                                                                                                                                                                            | , Matthe<br>dge B                     | w A. Pequigr<br>rinkema' | notvSo<br>neda | lo Cup C<br>ch ru] | ompany<br>Ling in | 7-2-0   | 9 mot                    | ions hear    | ring.                      |
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|                                                                                       |                                                                                                                                                                                                                                                                                      | ORIGINA                               | L                        |                | 1ST COF            | -Υ                | 2       | ND COP                   | Υ            | TOTAL                      |
| CATEGORY                                                                              | PAGES                                                                                                                                                                                                                                                                                | PRICE                                 | SUBTOTAL                 | PAGE8          | PRICE              | SUBTOTAL          | PAGES   | PRICE                    | SUBTOTAL     | CHARGES                    |
| Ordinary                                                                              |                                                                                                                                                                                                                                                                                      | 3.65                                  |                          |                | 0.90               |                   |         | 0,60                     |              |                            |
| 14-Day                                                                                |                                                                                                                                                                                                                                                                                      | 4.25                                  |                          |                | 0.90               |                   |         | 0,60                     |              |                            |
| Expedited                                                                             | 4971                                                                                                                                                                                                                                                                                 | 4.85                                  |                          |                | 0,90               |                   |         | 0.60                     |              |                            |
| Dally                                                                                 |                                                                                                                                                                                                                                                                                      | 6.05                                  |                          |                | 1.20               |                   |         | 0.90                     |              |                            |
| Hourly                                                                                | 4                                                                                                                                                                                                                                                                                    | 7.25                                  | 29,00                    |                | 1.20               |                   |         | 0.90                     |              | 29,00                      |
| Realtime                                                                              |                                                                                                                                                                                                                                                                                      | 3.05                                  |                          |                | 1,20               |                   |         |                          |              |                            |
| Miso, Desa                                                                            | •                                                                                                                                                                                                                                                                                    |                                       |                          |                |                    |                   |         | MISC.                    | CHARGES:     |                            |
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|                                                                                       |                                                                                                                                                                                                                                                                                      |                                       |                          |                | <u> </u>           | LESS DISCO        | OUNT FO | OR LATE                  | DELIVERY     |                            |
|                                                                                       |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    |                   |         | TAX (If                  | Applicable): |                            |
|                                                                                       |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    | L                 | ESS AM  |                          | F DEPOSIT:   |                            |
|                                                                                       |                                                                                                                                                                                                                                                                                      |                                       |                          |                |                    |                   |         | ATOT                     | L REFUND:    |                            |
|                                                                                       |                                                                                                                                                                                                                                                                                      | a                                     | ate Paid:                |                |                    | Amt:              |         | Т                        | OTAL DUE:    | \$29,00                    |
| for expedited tra                                                                     | ADDITIONAL INFORMATION  Full price may be charged only if the transcript is delivered within the required time frame. For example, if an erc for expedited transcript is not completed and delivered within seven (7) calendar days, payment would be at the ordinary delivery rate. |                                       |                          |                |                    |                   |         |                          |              | ole, if an ord<br>e at the |
| certify that                                                                          | CERTIFICATION  Legatify that the transcript fees charged and page format used comply with the requirements of this court and the                                                                                                                                                     |                                       |                          |                |                    |                   |         |                          |              |                            |
| Judicial Confere                                                                      | Judicial Conference of the United States.                                                                                                                                                                                                                                            |                                       |                          |                |                    |                   |         |                          |              |                            |

07-02-2009

s/ Annellese J. Thomson

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| AO44<br>(Rev. 11/07)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |            | UNITI<br>FOR THE                        | ED STA<br>EASTF        | ATES D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STRICT O               | F VIRG     | INIA                 |                              |                            |
| A District of the Control of the Con |             |            | , ~13 11 H                              |                        | A CONTRACTOR OF THE PERSON OF | 20090112               | ,          |                      | PO TAXPAR                    | 1E TO:                     |
| Mary C. Zinsner, Esq. Troutman Sanders LLP 1660 International Drive Suite 600 McLean, VA 22102 Phone: (703) 734-4363  mary.zinsner@troutmansanders.com  CRIMINAL X CIVIL  Case Style: 1:07CV897, Matthew A. Pequignot v Sole Cup Company pdf file of: 7-2-09 motions hearing before the Hon. Leonie M. Bris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |            |                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |            | 03-2009              |                              |                            |
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| CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PAGES       | PRICE      | SUBTOTAL                                | PAGES                  | PRICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SUBTOTAL               | PAGES      | PRICE                | SUBTOTAL                     |                            |
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| 14-Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 4.25       |                                         |                        | 0.90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |            | 0.60                 |                              |                            |
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| Hourly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | 7.25       |                                         |                        | 1,20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |            | 0.90                 |                              |                            |
| Realtime                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | 3.05       |                                         |                        | 1,20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |            |                      |                              |                            |
| Misc, Desc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u> </u>    |            |                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |            | MISC.                | CHARGES:                     | ,,                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |            |                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |            |                      | TOTAL:                       | 181.50                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |            |                                         |                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | LESS DISCO             | DUNT FO    | OR LATE              | DELIVERY                     |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |            |                                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |            | TAX (II              | f Applicable):               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |            |                                         |                        | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | U                      | ESS AMO    | O TNUC               | F DEPOSIT:                   |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |            |                                         | <u></u>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |            | TOTA                 | AL REFUND:                   |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | n          | ate Pald:                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amt:                   |            | 1                    | OTAL DUE:                    | \$181.50                   |
| Full price mar<br>for expedited tra<br>ordinary deliven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | anscript    |            | *************************************** | cript is c<br>delivere | delivered<br>ed within                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |            | me fram<br>ays, payı | e. For examp<br>ment would b | ole, if an orc<br>e at the |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | envint for | is charried                             | and nar                | CERTIFI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ICATION<br>it used com | iply with  | the requi            | irements of th               | als court and the          |
| I certify that<br>Judicial Confere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ance of the | na Unite   | d States.                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |            | DAT                  |                              |                            |

07-03-2009

s/ Anneliese J. Thomson

| A044                                                                                                                                                   |             |                    | f IF II-de              | Ener                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ATEQ F                  | ISTRICT                                                                 | COHR.                                                                                     | r                                                                                               |                                  |                            |
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| (Rev. 11/07)                                                                                                                                           |             |                    | UNIII<br>FOR THE        | EASTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RN DIS                  | STRICTO                                                                 | FVIRG                                                                                     | INIA                                                                                            |                                  |                            |
|                                                                                                                                                        |             |                    | - Augusta               | CONTRACTOR OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PE |                         | 20090020                                                                |                                                                                           |                                                                                                 | (S PAYAB                         | LE TO:                     |
| Mary C. Zinsner, Esq. Troutman Sanders LLP 1660 International Drive Suite 600 McLean, VA 22102 Phone: (703) 734-4363  macv.zinsner@troutmansanders.com |             |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | Annelies United S United S 401 Cor Alexand Phone: FAX Tax ID: atthomsor | se J. The<br>States C<br>States D<br>orthouse<br>iria, VA<br>(703) 2<br>(703) 2<br>56-251 | omson, I<br>ourt Rep<br>istrict C<br>Square<br>22314<br>299-8595<br>299-8594<br>6880<br>estinet | RDR, CRR corter court , 5th Fir. | 02-2009                    |
| Case Style: 1:0<br>pdf file o<br>Brinkema.                                                                                                             | 1000        | , Matthe<br>0-09 1 | w A. Pequigr<br>hearing | not v So<br>trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lo Cup C<br>cript       | ompany<br>before                                                        | the H                                                                                     | on. Le                                                                                          | eonie M.                         |                            |
|                                                                                                                                                        | C           | RIGINA             | L                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1ST CO                  | PΥ                                                                      | 2                                                                                         | ND COP                                                                                          |                                  | TOTAL<br>CHARGES           |
| CATEGORY                                                                                                                                               | PAGES       | PRICE              | SUBTOTAL                | PAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PRICE                   | SUBTOTAL                                                                | PAGES                                                                                     | PRICE                                                                                           | SUBTOTAL                         | CHARGES                    |
| Ordinary                                                                                                                                               |             | 3.65               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.90                    |                                                                         |                                                                                           | 0.60                                                                                            |                                  |                            |
| 14-Day                                                                                                                                                 |             | 4,25               |                         | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0,90                    | ,,                                                                      |                                                                                           | 0.60                                                                                            |                                  |                            |
| Expedited                                                                                                                                              |             | 4,85               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0.90                    |                                                                         |                                                                                           | 0.60                                                                                            |                                  |                            |
| Daily                                                                                                                                                  | 36          | 6.05               | 217.80                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,20                    | , lacen                                                                 | ļ.,. <u></u>                                                                              | 0,90                                                                                            |                                  | 217.80                     |
| Hourly                                                                                                                                                 |             | 7.25               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1,20                    |                                                                         |                                                                                           | 0.90                                                                                            |                                  |                            |
| Realtime                                                                                                                                               |             | 3,05               |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.20                    |                                                                         |                                                                                           |                                                                                                 |                                  |                            |
| Misc. Desc.                                                                                                                                            | 1           |                    |                         | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                         |                                                                                           | MISC.                                                                                           | CHARGES:                         |                            |
|                                                                                                                                                        |             |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                         |                                                                                           |                                                                                                 | TOTAL                            | 217,80                     |
|                                                                                                                                                        |             | .,                 |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | LESS DISCO                                                              | OUNT F                                                                                    | OR LATE                                                                                         | DELIVERY                         |                            |
|                                                                                                                                                        |             |                    |                         | _ 112 112 112 112 112 112 112 112 112 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                                                                         |                                                                                           | TAX (II                                                                                         | Applicable):                     |                            |
|                                                                                                                                                        |             |                    |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | ĻI                                                                      | ESS AM                                                                                    | OUNT O                                                                                          | F DEPOSIT:                       |                            |
|                                                                                                                                                        |             | 7                  |                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                         | 1                                                                                         | TOTA                                                                                            | L REFUND:                        |                            |
|                                                                                                                                                        |             |                    | ate Pald:               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | Amt:                                                                    |                                                                                           | 7                                                                                               | OTAL DUE:                        | \$217.80                   |
| Full price ma<br>for expedited tra<br>ordinary deliver                                                                                                 | ansonpt i   |                    | ***                     | cript is d<br>delivere                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | lelivered<br>d within : |                                                                         | willrad II                                                                                | me fram<br>ays, payı                                                                            | e. For exemp<br>ment would b     | ole, If an orc<br>e at the |
| Learlify that                                                                                                                                          | the trans   | script fee         | s charged               | and pag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CERTIFI<br>e forma      | CATION<br>t used com                                                    | ply with                                                                                  | the requi                                                                                       | irements of th                   | is court and the           |
| Judicial Confere                                                                                                                                       | ence of the | ne Unite           | u States.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                         |                                                                                           | DAT                                                                                             |                                  |                            |

07-06-2009

s/ Anneliese J. Thomson